In re	Vladimir Prokopenko Nadezhda Prokopenko	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number: (If known)		☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 					

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION										
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.										
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.										
		I Married, not filing jointly, with declaration 'My spouse and I are legally separated under									
2		purpose of evading the requirements of § 707									
		for Lines 3-11.									
		I Married, not filing jointly, without the decle ("Debtor's Income") and Column B ("Spot					ne 2.b	abo	ove. Complete b	oth	Column A
		Married, filing jointly. Complete both Col					B ("S	Snoi	ise's Income'') t	for	Lines 3-11
		gures must reflect average monthly income re)pot	Column A		Column B
		dar months prior to filing the bankruptcy case							Debtor's		
		ling. If the amount of monthly income varied onth total by six, and enter the result on the			iths,	you must divide th	e		Income		Spouse's Income
3								Ф		ф	
3		s wages, salary, tips, bonuses, overtime, co			. 1	· 1 C T ·	1	\$	0.00	Ъ	1,505.00
		ne from the operation of a business, profes the difference in the appropriate column(s) of					ana				
	busin	ess, profession or farm, enter aggregate numl	ers	and provide de	tails (on an attachment. I					
4		nter a number less than zero. Do not include	any	part of the bu	sines	ss expenses entere	d on				
4	Line	b as a deduction in Part V.		Debtor		Spouse					
	a.	Gross receipts	\$		00		0.00				
	b.	Ordinary and necessary business expenses	\$		00		0.00				
	c.	Business income		btract Line b fr				\$	0.00	\$	0.00
	Rents and other real property income. Subtract Line b from Line a and enter the difference in										
	the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.					шу					
5	Debtor Spouse										
	a.	Gross receipts	\$.00		0.00				
	b.	Ordinary and necessary operating expenses Rent and other real property income	\$	btract Line b fr	.00		0.00	\$	0.00	Ф	0.00
-	C.		Su	on act Line on	OIII L	ane a					
6		est, dividends, and royalties.						\$	0.00		0.00
7		on and retirement income.						\$	0.00	\$	0.00
		amounts paid by another person or entity, uses of the debtor or the debtor's dependen									
8		ose. Do not include alimony or separate main									
		te if Column B is completed. Each regular pa					mn;	\$	0.00	Ф	0.00
		ayment is listed in Column A, do not report the amount compensation. Enter the amount		•				Ф	0.00	Ф	0.00
		ever, if you contend that unemployment comp					as a				
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A										
		but instead state the amount in the space belo	ow:								
		mployment compensation claimed to benefit under the Social Security Act Debte	r \$	0.00	Spo	use \$	0.00	\$	0.00	\$	0.00
	_	ne from all other sources. Specify source an	d an	nount. If neces	sarv.	list additional sour	ces	Ψ		Ψ	0.00
	on a s	separate page. Do not include alimony or se	oara	te maintenanc	e pay	ments paid by yo					
		se if Column B is completed, but include all					_				
		maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or			S						
10		stic terrorism.		J /							
			Ф	Debtor		Spouse					
	a. b.		\$			\$ \$	$-\parallel$				
		and enter on Line 10	Ψ	<u>I</u>		*		\$	0.00	Φ	0.00
		otal of Current Monthly Income for § 707(h)(7)	Add Lines 2	hru	10 in Column A as	nd if	φ	0.00	φ	0.00
11		nn B is completed, add Lines 3 through 10 in					ıu, 11	\$	0.00	\$	1,505.00

12	Total Current Monthly Income for § 707(b)(7). If Column B has Column A to Line 11, Column B, and enter the total. If Column B I the amount from Line 11, Column A.		\$		1,505.00	
	Part III. APPLICATION OF §	707(b)(7) EXCLUSIO	N			
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.				18,060.00	
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: WA b. Ente	debtor's household size:	7	\$	105,442.00	
	Application of Section 707(b)(7). Check the applicable box and pro-	oceed as directed.				
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the					
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCUL	ATION OF CURRE	NT MONTHLY INCO	ME FOR § 707(b)(2)
16	Enter the amount from Line 12.				\$
17	Marital adjustment. If you check Column B that was NOT paid on a dependents. Specify in the lines be spouse's tax liability or the spouse amount of income devoted to each not check box at Line 2.c, enter zero.	regular basis for the house slow the basis for excluding s support of persons other purpose. If necessary, list	chold expenses of the debtor or g the Column B income (such a than the debtor or the debtor's	the debtor's as payment of the dependents) and the	
	b.		\$		
	c. d.		\$ \$		
	Total and enter on Line 17		Φ		\$
1.0		M(L)(A) C L (I' 17	C I 10 1 4 1	14	\$
18	Current monthly income for § 7				Φ
	Part V. (CALCULATION OF	DEDUCTIONS FROM	INCOME	
	Subpart A: Do	eductions under Standa	ards of the Internal Reven	ıe Service (IRS)	
19A	Standards for Food, Clothing and at www.usdoj.gov/ust/ or from the that would currently be allowed as additional dependents whom you a	\$			
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tay return plus the number of any additional dependents whom				
	Persons under 65 year a1. Allowance per person	ars of age	Persons 65 years of age Allowance per person	or older	
	b1. Number of persons	b2.	Number of persons		
	c1. Subtotal	c2.	Subtotal		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of					\$

	T 10/ 1 1 1 1 1 1 1 1 1 T	· · · · · · · · · · · · · · · · · · ·			
20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your cour available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fe any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.				
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$			
	b. Average Monthly Payment for any debts secured by your				
	home, if any, as stated in Line 42	\$			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are enti Standards, enter any additional amount to which you contend you are contention in the space below:	\$			
	Local Standards: transportation; vehicle operation/public transpo	ortation expense.			
	You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	f whether you pay the expenses of operating a			
22A	Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 8.	ses or for which the operating expenses are			
	□ 0 □ 1 □ 2 or more.	. C. TOOL I.G. I.I.			
	If you checked 0, enter on Line 22A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 22A the				
	Standards: Transportation for the applicable number of vehicles in the				
	Census Region. (These amounts are available at www.usdoj.gov/ust/		\$		
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Tra Standards: Transportation. (This amount is available at www.usdoj.gc court.)	\$			
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 □ 2 or more.				
	Enter, in Line a below, the "Ownership Costs" for "One Car" from th				
23	(available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 23. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle	Ψ			
	b. 1, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23.				
24	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy				
	Monthly Payments for any debts secured by Vehicle 2, as stated in Li				
24	the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle	6			
	b. 2, as stated in Line 42	Subtract Line b from Line a	¢		
c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.			\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly e				
23	state and local taxes, other than real estate and sales taxes, such as inc security taxes, and Medicare taxes. Do not include real estate or sale	\$			
	security mades, and production mades. Do not include real estate of sale	\$			

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such Do not include discretionary amounts, such as volunt	\$			
27	Other Necessary Expenses: life insurance. Enter total life insurance for yourself. Do not include premiums any other form of insurance.	\$			
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total childcare - such as baby-sitting, day care, nursery and p	average monthly amount that you actually expend on preschool. Do not include other educational payments.	\$		
31	health care that is required for the health and welfare of	tal average monthly amount that you actually expend on f yourself or your dependents, that is not reimbursed by is in excess of the amount entered in Line 19B. Do not ings accounts listed in Line 34.	\$		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Ente	er the total of Lines 19 through 32.	\$		
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32					
34	Health Insurance, Disability Insurance, and Health State the categories set out in lines a-c below that are reasonate dependents.				
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34. If you do not actually expend this total amount, state below: \$	your actual total average monthly expenditures in the space			
35	Continued contributions to the care of household or expenses that you will continue to pay for the reasonabill, or disabled member of your household or member of expenses.	\$			
36	Protection against family violence. Enter the total ave actually incurred to maintain the safety of your family u other applicable federal law. The nature of these expenses	\$			
37	Home energy costs. Enter the total average monthly as Standards for Housing and Utilities, that you actually e trustee with documentation of your actual expenses, claimed is reasonable and necessary.	\$			
38	Education expenses for dependent children less than actually incur, not to exceed \$147.92* per child, for attes school by your dependent children less than 18 years of documentation of your actual expenses, and you must necessary and not already accounted for in the IRS \$1.00.000.	\$			

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$	
40	Contir	nued charitable contributions.	Enter the amount that you will conting ganization as defined in 26 U.S.C. § 1		ne form of cash or	\$
41	Total A	Additional Expense Deduction	s under § 707(b). Enter the total of I	ines 34 through 40		\$
		S	ubpart C: Deductions for De	bt Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
	1	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$	□yes □no	
				Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor					\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					\$
	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.					
45	a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b				\$	
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$
		S	ubpart D: Total Deductions f	rom Income		
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$
		Part VI. DF	TERMINATION OF § 707(t)(2) PRESUMP	TION	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))			\$		
49	Enter	the amount from Line 47 (Tot	al of all deductions allowed under §	707(b)(2))		\$
50	Month	nly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 and enter the res	ult.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					\$

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	Initial presumption determination. Check the applicable box and proceed as direct	ected.						
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.							
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "Statement, and complete the verification in Part VIII. You may also complete Part							
	$\hfill\Box$ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Con	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).						
53	Enter the amount of your total non-priority unsecured debt	\$						
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	r 0.25 and enter the result. \$						
	Secondary presumption determination. Check the applicable box and proceed a	s directed.						
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box f of this statement, and complete the verification in Part VIII.	for "The presumption does not arise" at the top of page 1						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.							
	Part VII. ADDITIONAL EXPENSE	CLAIMS						
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in	this form, that are required for the health and welfare of						
	you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figure 1.							
	each item. Total the expenses.	g,,,						
	Expense Description	Monthly Amount						
	a.	\$						
	b.	\$						
	c. d.	\$ \$						
	Total: Add Lines a, b, c, and d	\$						
	Part VIII. VERIFICATION							
	I declare under penalty of perjury that the information provided in this statement i	s true and correct. (If this is a joint case, both debtors						
	must sign.)	/o/ \/ladimir Drokenenke						
	Date: February 19, 2013 Signature	e: <u>/s/ Vladimir Prokopenko</u> Vladimir Prokopenko						
57		(Debtor)						
	Date: February 19, 2013 Signature	e /s/ Nadezhda Prokopenko						
		Nadezhda Prokopenko						
		(Joint Debtor, if any)						

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.